DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1944

Registration District No. 3205

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15932

Primary Registration District No. 4492

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Scott
(b) City or town ~~Kennett~~ Oran Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hc
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 85 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Scott
(c) City or town Oran
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME FRANCIS MARION FRIEND

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amelia Friend

6. (c) Age of ~~husband or~~ wife if alive 77 years

7. Birth date of deceased July (Month) 16 (Day) 1857 (Year)

8. AGE: Years 84 Months 9 Days 16 If less than one day ___ hr. ___ min.

9. Birthplace Oran (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business "

MOTHER FATHER

12. Name Jane Friend

13. Birthplace Oran (City, town, or county) Mo. (State or foreign country)

14. Maiden name Matilda Snyder

15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant Amelia Friend

(b) Address Oran Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Friendly Cem Oran Mo

18. (a) Signature of funeral director [illegible]

(b) Address Oran Mo

19. (a) 5/6/44 (Date received by local registrar) (b) [illegible] (Registrar's signature)

73 H

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1944 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr 29, 1944, to May 2, 1944, that I last saw him alive on May 2, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 72 hrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 430

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature J. H. Skillings (M. D. or other) D.O.
Address Oran, Mo. Date signed 5/2/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 544-723
Date Filed 5-11-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed D. J. Lorling

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.